



Town of Norfolk
Board of Health
 1 Liberty Lane
 Norfolk, MA 02056

Fee: \$200.00
 Permit #: _____
 Date Rec'd: _____

APPLICATION TO TRANSPORT MEDICAL WASTE

The undersigned hereby is applying for a license to transport medical waste in the Town of Norfolk.

1. _____
 Company Name
2. _____
 Street # and Name City State Zip Code
3. _____
 Business Telephone # Fax # Email address

Date: _____

 Signature of Applicant

Application recommended by:

_____ Date Issued: _____ Expiration Date: _____
 Norfolk Board of Health